



smp
training centre

ENROLMENT FORM

The information on this form will be used to organise you in the qualification you are seeking. Some of the information contained herein will be keyed into a national database and used for statistical and other reporting to the State Registering Body and the National Centre for Vocational Education Research. Please ask your training representative for assistance to fill out this form if you require help.

Course Name:		Start Date:	
1.	Last Name:	Given Names:	
2.	Address:		Postcode:
3.	Telephone No:	H: _____ W: _____ M: _____ Email: _____	
4.	Date of Birth:	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
5.	Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	If you were not born in Australia, which country were you born in?		
7.	Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander
8.	What is the language you speak mainly at home?		
9.	How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
10.	Do you consider yourself to have a disability, impairment, or long term condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	If you answered Yes to question 10, please indicate the area/s of disability, impairment or long term condition. <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other		
12.	What is your highest COMPLETED school level? <i>Tick ONE box only</i> <input type="checkbox"/> Completed Year 12 <input type="checkbox"/> Completed Year 11 <input type="checkbox"/> Completed Year 10 <input type="checkbox"/> Completed Year 9 <input type="checkbox"/> Completed Year 8 <input type="checkbox"/> Did not go to school		
13.	In which YEAR did you complete that school level?	Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Name of last school you attended:		
15.	Have you completed any qualifications since leaving school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	If you answered Yes to 15, please tick the box that best describes your qualification. <i>Tick ONE box only</i> <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV (or Advance Certificate/Technician) <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate other than listed		

17.	Of the following categories, which BEST describes your current employment status? <i>Tick ONE box only</i>	
	<input type="checkbox"/> Full time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Self employed – not employing others <input type="checkbox"/> Employer	<input type="checkbox"/> Employed – unpaid worker in family business <input type="checkbox"/> Unemployed – seeking full time work <input type="checkbox"/> Unemployed – seeking part time work <input type="checkbox"/> Not employed – not seeking employment
18.	Of the following categories, which BEST describes your main reason for undertaking this course? <i>Tick ONE box only</i>	
	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> Other	<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest <input type="checkbox"/> For self development
Emergency Contact Person	Name:	Relationship to Student:
	Home Phone:	Mobile:
Employer Business Name:		
I am aware that the information in this Enrolment Form may be provided to the State Register Authority and the National Centre for Vocational Education Research for statistical purposes.		
Student Signature:		Date:
Office Use Only		
Student ID:	_____	PRTW No: _____
Student File raised by:	_____	Activation Date: _____
Entered into Database by:	_____	Claim By Date: _____
Date:	_____	Medicare Care No: _____
Copy of Curriculum Vitae placed on file:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension Care No: _____
		Healthcare Card No: _____
		Drivers Licence No: _____
		Copy Of All ID: _____
Organisation Transferred From:		
<input type="checkbox"/> New Trainee, Use Choice or ATTP <input type="checkbox"/> Existing Worker <input type="checkbox"/> Other Fee-for-Service		